MAXIMUS Federal Services

Case Number:	CM15-0190805		
Date Assigned:	10/02/2015	Date of Injury:	07/06/2011
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on 07-06-2011. The injured worker is working full duty as of 07-09-2015. Medical records indicated that the injured worker is undergoing treatment for status post C4-7 laminoplasty with bilateral laminoforaminotomy, cervicalgia with intermittent upper extremity dysesthesias, and possible thoracic outlet syndrome. Treatment and diagnostics to date has included 6 visits of physical therapy, cervical spine MRI, and medications. Current medications include Relafen (as needed). After review of progress notes dated 07-09-2015 and 08-27-2015, the injured worker reported neck pain. The treating physician noted that the injured worker "had significant improvement with a TENS (Transcutaneous Electrical Nerve Stimulation) Unit and therapy" and "almost complete resolution of her upper extremity dysesthesias" with recent physical therapy. Objective findings included decreased cervical spine range of motion with improved sensory dysesthesias and positive Adson's sign on the left. The Utilization Review with a decision date of 09-15-2015 non-certified the request for DME home TENS (Transcutaneous Electrical Nerve Stimulation) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with neck pain. The current request is for DME home TENS unit. The treating physician states, in a report dated 08/27/15, she has also had significant improvement with a TENS unit and therapy, and therefore we think a home TENS unit is appropriate and will request authorization for this. The MTUS Guidelines do support a trial of TENS. The criteria for the use of TENS states that there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the treating physician, based on the records available for review, has noted significant improvement with prior use of a TENS unit but there is no detail regarding functional improvement or frequency of usage. The current request is not medically necessary.